

Reducing Teen Pregnancy: Adolescent Family Life and Abstinence Education Programs

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Summary

In 2009, 46% of students in grades 9-12 reported that they had experienced sexual intercourse; about 20% of female teens who have had sexual intercourse become pregnant each year. In recognition of the often negative, long-term consequences associated with teenage pregnancy, Congress has provided funding for the prevention of teenage and out-of-wedlock pregnancies. This report discusses three programs that exclusively attempt to reduce teenage pregnancy. The Adolescent Family Life (AFL) demonstration program was enacted in 1981 as Title XX of the Public Health Service Act, and the Abstinence Education program was enacted in 1996 as part of the welfare reform legislation. Also, since FY2001, additional funding for community-based abstinence education programs has been included in annual Department of Health and Human Services (HHS) appropriations.

P.L. 111-117, the Consolidated Appropriations for FY2010 (enacted December 16, 2009), includes a new discretionary Teen Pregnancy Prevention (TPP) program, identical to the one proposed in the President's FY2010 budget, which would provide grants and contracts on a competitive basis to public and private entities to fund "medically accurate and age appropriate" programs that reduce teen pregnancy (much of the money would be used to replicate programs that were proven effective through rigorous evaluation, and some of the money would be used to develop, refine, and test additional models and innovative strategies). The new TPP program is funded at \$110 million for FY2010.

Although no abstinence-only education funding was appropriated in P.L. 111-117 (the Consolidated Appropriations for FY2010; enacted December 16, 2009), P.L. 111-148 (the Patient Protection and Affordable Care Act (PPACA); enacted March 23, 2010) restored funding to the Title V Abstinence Education formula block grant to states at the previous annual level of \$50 million for each of FY2010-FY2014 (\$250 million over five years).

In addition, P.L. 111-148 established a new state formula grant program and appropriated \$75 million annually for each of FY2010–FY2014 to enable states to operate a new Personal Responsibility Education program (\$375 million over five years). The new Personal Responsibility Education program is a comprehensive approach to teen pregnancy prevention that educates adolescents on both abstinence and contraception to prevent pregnancy and sexually transmitted diseases, and it also provides youth with information about several adulthood preparation subjects (i.e., healthy relationships, adolescent development, financial literacy, parent-child communication, educational and career success, and healthy life skills).

(For information on the Obama Administration's and Congress' new approach to teen pregnancy prevention, see CRS Report R40618, *Teen Pregnancy Prevention: Background and Proposals in the 111th Congress*.)

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Introduction

Since 1991, U.S. teen pregnancy, abortion, and birth rates have fallen considerably. However, after 14 years of decline, the teen birth rate increased from 40.5 per 1,000 females ages 15 to 19 in 2005 to 41.9 in 2006 and 42.5 in 2007.¹ However, in 2008, the teen birth rate reversed the two-year increase trend and dropped to 41.5 births per 1,000 females ages 15 to 19.² The teen pregnancy rate increased from 69.5 per 1,000 females ages 15 to 19 in 2005 to 71.5 in 2006.³ The 2005 teen pregnancy rate was the lowest recorded teen pregnancy rate since 1972, when this series was initiated. Although the pregnancy rate for teenagers increased in 2006 (latest available data), it is still down 38% from the 1991 level of 115.3.⁴ Even so, it still is higher than the teen pregnancy rates of most industrialized nations. According to a recent report on children and youth, in 2009, 32% of 9th graders reported having experienced sexual intercourse. The corresponding statistics for older teens were 41% for 10th graders, 53% for 11th graders, and 62% for 12th graders.⁵ About 20% of female teens who have had sexual intercourse become pregnant each year.

For many years, there have been divergent views with regard to sex and young people. Many argue that sexual activity in and of itself is wrong if the persons are not married. Others agree that it is better for teenagers to abstain from sex but are primarily concerned about the negative consequences of sexual activity, namely unintended pregnancy and sexually transmitted diseases (STDs). These two viewpoints are reflected in two pregnancy prevention approaches. The Adolescent Family Life (AFL) program encompasses both views and provides funding for both prevention programs and programs that provide medical and social services to pregnant or parenting teens. The Abstinence Education program centers on the abstinence-only message and only funds programs that adhere solely to bolstering that message. (For information on Title X, which serves a much broader clientele than teens and pre-teens, see CRS Report RL33644, *Title X (Public Health Service Act) Family Planning Program*, by Angela Napili.)

The Adolescent Family Life Program

The AFL demonstration program was enacted in 1981 as Title XX of the Public Health Service Act (P.L. 97-35). It is administered by the Office of Adolescent Pregnancy Programs, Department of Health and Human Services (HHS). From 1981 until 1996, the AFL program was the only federal program that focused directly on the issues of adolescent sexuality, pregnancy, and parenting.⁶

¹ Brady E. Hamilton, Joyce A. Martin, and Stephanie J. Ventura, "Births: Preliminary Data for 2007," *National Vital Statistics Reports*, vol. 57, no. 12, March 18, 2009, p. 7.

² Brady E. Hamilton, Joyce A. Martin, and Stephanie J. Ventura, "Births: Preliminary Data for 2008," *National Vital Statistics Reports*, vol. 58, no. 16, April 2010, Table 2.

³ The Alan Guttmacher Institute, "U.S. Teenage Pregnancies, Births and Abortions: National and State Trends and Trends by Race and Ethnicity," updated January 2010, p. 7.

⁴ *Ibid.*

⁵ Centers for Disease Control and Prevention, *MMWR*, vol. 59, no. SS-5, *Youth Risk Behavior Surveillance—United States, 2009*, June 4, 2010, available at <http://www.cdc.gov/mmwr/pdf/ss/ss5906.pdf>.

⁶ The predecessor of the AFL program was the Adolescent Pregnancy program, which was enacted in 1978 (P.L. 95-626). The Adolescent Pregnancy program was designed to alleviate the negative consequences of pregnancy for the adolescent parent and her child (i.e., the care component of the AFL program). The Adolescent Pregnancy program was consolidated into the Maternal and Child Health Block Grant when the AFL program was enacted.

Program Purpose

The AFL program was designed to promote—family involvement in the delivery of services, adolescent premarital sexual abstinence, adoption as an alternative to early parenting, parenting and child development education, and comprehensive health, education, and social services geared to help the mother have a healthy baby and improve subsequent life prospects for both mother and child.

Allowable Projects

The AFL program authorizes grants for three types of demonstrations: (1) projects provide “care” services only (i.e., health, education, and social services to pregnant adolescents, adolescent parents, their infant, families, and male partners); (2) projects which provide “prevention” services only (i.e., services to promote abstinence from premarital sexual relations for pre-teens, teens, and their families); and (3) projects which provide a combination of care and prevention services. Any public or private nonprofit organization or agency is eligible to apply for a demonstration grant. AFL projects can be funded for up to five years. Currently (2009-2010), the AFL program is supporting 52 demonstration projects across the country. (See <http://www.hhs.gov/opa/familylife/grantees/grantees.html>.)

AFL care demonstration projects are required to provide comprehensive health, education, and social services (including life and career planning, job training, safe housing, decision-making and social skills), either directly or through partnerships with other community agencies, and to evaluate new approaches for implementing these services. AFL care projects are based within a variety of settings such as universities, hospitals, schools, public health departments, or community agencies. Many provide home visiting services and all have partnerships with diverse community agencies. Currently, 31 care projects are being funded.

AFL prevention demonstration projects are required to develop, test, and use curricula that provide education and activities designed to encourage adolescents to postpone sexual activity until marriage. Since 1997, all AFL prevention projects that have been funded have been abstinence-only projects that were required to conform to the definition of abstinence education as defined in P.L. 104-193. Most of these projects try to reach students between the ages of 9 to 14 in public schools, community settings or family households; all involve significant interaction with parents to strengthen the abstinence message. Currently, 21 abstinence-only projects are being funded.⁷

Evaluations and Research

Each demonstration project is required to include an internal evaluation component designed to test hypotheses specific to that project’s service delivery model. The grantee contracts with an independent evaluator, usually one affiliated with a college or university in the grantee’s state. The AFL program also authorizes funding of research grants dealing with various aspects of adolescent sexuality, pregnancy, and parenting. Research projects have examined factors that influence teenage sexual, contraceptive and fertility behaviors, the nature and effectiveness of care services for pregnant and parenting teens and why adoption is a little-used alternative among pregnant teenagers. Since 1982, the AFL program has funded about 70 research projects.

⁷ Abstinence-only education funding under the AFL program amounted to \$9 million in FY2001, \$10 million in each of the fiscal years FY2002-FY2004, and \$13 million in each of the fiscal years FY2005-FY2009. There is no FY2010 appropriation for abstinence-only programs under the AFL program.

Table I. Adolescent Family Life Program
(appropriations in millions of dollars)

FY	Approp.	FY	Approp.	FY	Approp.	FY	Approp.
1982	11.080	1990	9.421	1998	16.709	2006	30.742
1983	13.518	1991	7.789	1999	17.700	2007	30.742
1984	14.918	1992	7.789	2000	19.327	2008	29.778
1985	14.716	1993	7.598	2001	24.377	2009	29.778
1986	14.689	1994	6.250	2002	28.900	2010	16.658
1987	14.000	1995	6.698	2003	30.922		
1988	9.626	1996	7.698	2004	30.720		
1989	9.529	1997	14.209	2005	30.742		

Source: Compiled by CRS

Abstinence Education

1996 Welfare Reform

P.L. 104-193, the 1996 welfare reform law, provided \$250 million in federal funds specifically for the abstinence education program (\$50 million per year for five years, FY1998-FY2002). Funds must be requested by states when they solicit Title V Maternal and Child Health (MCH) block grant funds and must be used exclusively for teaching abstinence. To receive federal funds, a state must match every \$4 in federal funds with \$3 in state funds.⁸ This means that full funding for abstinence education would total at least \$87.5 million annually. Although the Title V abstinence-only education block grant has not yet been reauthorized, the latest extension, contained in P.L. 110-275 (H.R. 6331), continued funding for the abstinence-only block grant through June 30, 2009.⁹ P.L. 105-33, enacted in 1997, included funding for a scientific evaluation of abstinence education programs; Mathematica Policy Research won the contract. (See *Impacts of Four Title V, Section 510 Abstinence Education Programs*, April 2007, at <http://www.mathematica.org/publications/PDFs/impactabstinence.pdf>.)

⁸ States use a variety of methods to meet the federal matching requirement, such as state funds, private or foundation funds, matching funds from community-based grantees, and in-kind services (e.g., volunteer staffing, public service announcements, etc.).

⁹ The Title V Abstinence Education block grant program was funded at \$37.5 million in FY2009. The Title V Abstinence Education block grant has not been reauthorized nor has any funding been appropriated for it for FY2010.

To ensure that the abstinence-only message is not diluted, the law (P.L. 104-193, Section 510 of the Social Security Act) stipulated that the term “abstinence education” means an educational or motivational program that (1) has as its exclusive purpose, teaching the social, psychological, and health gains of abstaining from sexual activity; (2) teaches abstinence from sexual activity outside of marriage as the expected standard for all school-age children; (3) teaches that abstinence is the only certain way to avoid out-of-wedlock pregnancy, STDs, and associated health problems; (4) teaches that a mutually faithful monogamous relationship within marriage is the expected standard of human sexual activity; (5) teaches that sexual activity outside of marriage is likely to have harmful psychological and physical effects; (6) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society; (7) teaches young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances; and (8) teaches the importance of attaining self-sufficiency before engaging in sex.

What Is Abstinence?

It is becoming clear that parents, teachers, and teenagers are not in agreement on what constitutes abstinence. Teens are more likely than adults to believe that behaviors that cannot result in pregnancy constitute abstinence. Because pregnancy prevention together with avoidance of STDs are dual goals of the abstinence education program, some observers contend that it is time for programs to explicitly define what constitutes sexual activity. Others contend that specifying behaviors other than sexual intercourse violates a child’s innocence and may provide ideas for experimentation.

Source: Lisa Remez, “Oral Sex among Adolescents: Is It Sex or Is It Abstinence?” *Family Planning Perspectives* (Alan Guttmacher Institute), 32(6), Nov-Dec. 2000, pp. 298-304.

In FY2008, only 28 states and 2 territories sponsored an abstinence education program.¹⁰ As a result, in FY2008, only \$28 million of the possible \$50 million in Title V Abstinence Education block grant funds was expended. Abstinence education programs launch media campaigns to influence attitudes and behavior, develop abstinence education curricula, revamp sexual education classes, and implement other activities focused on abstinence education. State funding is based on the proportion of low-income children in the state as compared to the national total. In FY2008, federal mandatory abstinence education funding (among the states) ranged from \$88,991 in North Dakota to \$4,777,916 in Texas.

In FY2009, \$23 million (of \$37.5 million) was expended on the Title V Abstinence Education block grant program. P.L. 111-148 (the Patient Protection and Affordable Care Act (PPACA); enacted March 23, 2010) restored funding to the Title V Abstinence Education block grant to states at the previous annual level of \$50 million for each of FY2010-FY2014 (\$250 million over five years). (For information on the Obama Administration’s and Congress’ new approach to teen pregnancy prevention, see CRS Report R40618, *Teen Pregnancy Prevention: Background and Proposals in the 111th Congress*.)

Appropriations History

P.L. 106-246 appropriated \$20 million for FY2001 to HHS under the Special Projects of Regional and National Significance (SPRANS) program for abstinence-only education for adolescents aged 12 through 18. P.L. 106-554 provided \$30 million for FY2002 for the SPRANS abstinence

¹⁰ The following 22 states did not offer a Title V Abstinence Education program: Alaska, California, Colorado, Connecticut, Delaware, Idaho, Maine, Massachusetts, Minnesota, Montana, New Jersey, New Mexico, New York, Ohio, Pennsylvania, Rhode Island, Tennessee, Vermont, Virginia, Washington, Wisconsin, and Wyoming. In addition, the following territories did not offer the Title V Abstinence Education program: the District of Columbia, American Samoa, Guam, Northern Mariana Islands, Marshall Islands, Micronesia, and Palau.

education program; P.L. 107-116 increased SPRANS program funding from \$30 million to \$40 million for FY2002. The SPRANS program funding was increased by P.L. 108-7 to \$55 million for FY2003, and by P.L. 108-199 to \$70 million for FY2004. P.L. 108-447 increased funding for the SPRANS program, now the Community-Based Abstinence Education (CBAE) program, to \$100 million for FY2005. P.L. 109-149 increased funding for CBAE to \$109 million for FY2006. P.L. 110-5 maintained funding for CBAE at \$109 million for FY2007. P.L. 110-161 maintained funding for CBAE at \$109 million for FY2008. P.L. 111-8 reduced funding for CBAE to \$95 million for FY2009. The CBAE program did not receive funding for FY2010.

Issues

Comparable Funding for Abstinence Education

President Bush was a proponent of abstinence-only education. As governor of Texas, he stated: “For children to realize their dreams, they must learn the value of abstinence. We must send them the message that of the many decisions they will make in their lives, choosing to avoid early sex is one of the most important. We must stress that abstinence isn’t just about saying no to sex; it’s about saying yes to a happier, healthier future.”¹¹ The proposal he supported during his presidential campaign would have provided at least as much funding for abstinence education as was provided for teen contraception services under the Medicaid, family planning (Title X), and AFL programs, namely about \$135 million annually.¹² As many as 27 other federal programs have a teen contraception component, but expenditures solely for this component could not be isolated.¹³ For FY2009, abstinence education funding totaled \$149.8 million: \$37.5 million for the abstinence block grant to states (based on the \$50 million per year rate); \$13.1 million for the AFL abstinence education projects; \$94.7 million for the CBAE program (up to \$10 million of which may be used for a national abstinence education campaign); and \$4.5 million for an evaluation of the program.¹⁴

Pursuant to P.L. 111-148, abstinence-only funding totals \$50 million for FY2010. As mentioned above, the CBAE program did not receive funding for FY2010, nor were abstinence-only education projects funded under the AFL prevention program (for FY2010). (For information on the Obama Administration’s and Congress’ new approach to teen pregnancy prevention, see CRS Report R40618, *Teen Pregnancy Prevention: Background and Proposals in the 111th Congress*.)

Abstinence-Only Versus Comprehensive Sexuality Education

According to a 1997 survey, among the 69% of public school districts that had a district-wide policy to teach sex education, 14% had a comprehensive policy that treated abstinence as one

¹¹ Campaign literature from georgebush.com, accessed by author on November 22, 2000.

¹² Some family planning experts caution that the spending data may be misleading because it includes much more than contraception services. They contend that family planning programs include a vast array of medical services beyond the prescription of a contraceptive method, including pap smears, breast exams, screening for STDs, and one-on-one counseling of teens.

¹³ The MCH and Title XX social services block grants are among the HHS programs that provide contraceptive services to teens (GAO/HEHS-99-4, *Teen Pregnancy: State and Federal Efforts to Implement Prevention Programs and Measure Their Effectiveness*, November 1998). Also, Temporary Assistance for Needy Families (TANF) funds can be used for such services for teens.

¹⁴ Abstinence funding: \$79 million in FY2001, \$100 million in FY2002, \$115 million in FY2003, \$135 million in FY2004, \$168 million in FY2005, and \$177 million in FY2006, FY2007, and FY2008.

option for adolescents in a broader sexuality education program; 51% taught abstinence as the preferred option for teenagers, but also permitted discussion about contraception as an effective means of protecting against unintended pregnancy and disease (an abstinence-plus policy); and 35% taught abstinence as the only option outside of marriage, with discussion of contraception prohibited entirely or permitted only to emphasize its shortcomings (abstinence-only policy).¹⁵

Advocates of the abstinence education approach argue that teenagers need to hear a single, unambiguous message that sex outside of marriage is wrong and harmful to their physical and emotional health. They contend that youth can and should be empowered to say no to sex. They argue that supporting both abstinence and birth control is hypocritical and undermines the strength of an abstinence-only message. They cite research that indicates that teens who take virginity pledges to refrain from sex until marriage appear to delay having sex longer than those teens who do not make such a commitment. (The study found that teens who publicly promise to postpone sex until marriage refrain from intercourse for about a year and a half longer than teens who did not make such a pledge.)¹⁶ They also refer to a recent scientifically based study of a program that provided an abstinence-only intervention to African-American students in the 6th and 7th grades. The study found that only about 34% of the student participants in the abstinence-only intervention said that they had engaged in sexual intercourse (when they were interviewed two years after the intervention), whereas about 49% of the students in the control group reported (during the two-year follow-up interview) that they had engaged in sexual intercourse.¹⁷ Advocates of the abstinence-only approach argue that abstinence is the most effective means of preventing unwanted pregnancy and sexually transmitted diseases (including HIV/AIDS).

Advocates of the more comprehensive approach to sex education argue that today's youth need information and decision-making skills to make realistic, practical decisions about whether to engage in sexual activities. They contend that such an approach allows young people to make informed decisions regarding abstinence, gives them the information they need to set relationship limits and to resist peer pressure, and also provides them with information on the use of contraceptives and the prevention of sexually transmitted diseases.¹⁸ They maintain that abstinence-only messages provide no protection against the risks of pregnancy and disease for those who are sexually active. They point out that teens who break their virginity pledges were less likely to use contraception the first time than teens who had never made such a promise.

The April 2007 Mathematica evaluation of the Title V Abstinence Education program found that program participants had just as many sexual partners as nonparticipants, had sex at the same median age as nonparticipants, and were just as likely to use contraception as nonparticipants. Supporters of the abstinence-only approach say that the evaluation only examined four programs and is thereby inconclusive. A recent compilation of experimentally designed evaluations of comprehensive sexual education programs found that some comprehensive programs that

¹⁵ David J. Landry, Lisa Kaeser, and Cory L. Richards, "Abstinence Promotion and the Provision of Information about Contraception in Public School Districts Sexuality Education Policies," *Family Planning Perspectives* (Guttmacher Institute), 31(6), November-December 1999, pp. 280-286.

¹⁶ Peter S. Bearman and Hannah Bruckner, "Promising the Future: Virginity Pledges as They Affect the Transition to First Intercourse," *American Journal of Sociology*, January 2001.

¹⁷ John B. Jemmott III, Loretta S. Jemmott, and Geoffrey T. Fong, "Efficacy of a Theory-Based Abstinence-Only Intervention Over 24 Months," *Archives of Pediatrics and Adolescent Medicine*, v. 164, no. 2, February 2010. (Note: the authors indicated that the abstinence-only intervention did not affect condom use.)

¹⁸ Some contend that the abstinence-only approach leads to a substitution of other risky behaviors such as oral sex. They cite recent data that indicates that about 25% of virgin teens (15-19) have engaged in oral sex. Source: *Child Trends Data Bank. New Indicator on Oral Sex*, September 15, 2005, at <http://www.childtrendsdatabank.org/whatsNew.cfm>.

included contraception information, decision-making skills, and peer pressure strategies were successful in delaying sexual activity, improving contraceptive use, or preventing teen pregnancy.¹⁹

The Obama Administration's FY2010 budget (April 2009) did not provide any funding in FY2010 for the Title V Abstinence Education Block Grant to states (which was a mandatory program) or the Community-Based Abstinence Education (CBAE) program (a discretionary program); nor did it continue to provide funding in FY2010 for abstinence-only demonstration grants through the Adolescent Family Life (AFL) program. P.L. 111-117, the Consolidated Appropriations for FY2010 (enacted December 16, 2009), includes a new discretionary teenage pregnancy prevention program, identical to the one proposed in the President's FY2010 budget, which would provide grants and contracts, on a competitive basis, to public and private entities to fund "medically accurate and age appropriate" programs that reduce teen pregnancy (much of the money would be used to replicate programs that were proven effective through rigorous evaluation and some of the money would be used to develop, refine, and test additional models and innovative strategies). The new teen pregnancy prevention (TPP) program is funded at \$110 million for FY2010. P.L. 111-117 also provides a separate \$4.5 million to carry out evaluations of teenage pregnancy prevention approaches. The Obama Administration's FY2011 budget proposal included \$200 million for teen pregnancy prevention initiatives for FY2011: \$129 million for the new TPP program for FY2011 (including \$4 million for evaluation); \$50 million in mandatory funds for a new formula grant program to states, territories, and tribes to support teen pregnancy prevention efforts; \$17 million for AFL "care" demonstration grants and research programs; and an additional \$4 million to carry out evaluations of teenage pregnancy prevention approaches.

Two additional funding streams for teen pregnancy prevention were enacted as part of the health care reform law. P.L. 111-148 established a new state formula grant program and appropriated \$75 million annually for each of FY2010-FY2014 to enable states to operate a new Personal Responsibility Education program (\$375 million over five years). The new Personal Responsibility Education program is a comprehensive approach to teen pregnancy prevention that educates adolescents on both abstinence and contraception to prevent pregnancy and sexually transmitted diseases, and also provides youth with information about several adulthood preparation subjects (i.e., healthy relationships, adolescent development, financial literacy, parent-child communication, educational and career success, and healthy life skills).

P.L. 111-148 also restored funding to the Title V Abstinence Education formula block grant to states at the previous annual level of \$50 million for each of FY2010-FY2014 (\$250 million over five years).

Author Information

Carmen Solomon-Fears
Specialist in Social Policy

¹⁹ The National Campaign to Prevent Teen Pregnancy, *Putting What Works To Work: Curriculum-Based Programs That Prevent Teen Pregnancy*, 2007.

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